Business Name: Metron Thuck Parts Date: 1-8-07
Business Address: $1021 \le 0.17$ ft $\le f$ . Phone: $112 - 322 - 4029$
Owners Name: Todd Cockese Address: 20 Mey 81  Type of Business: Firm If Corporation, List Officers:  Partnership  Corporation Fugus Cockese
Note: If foreign corporation, proof must be attached showing capability of doing business in Iowa.  Legal Description Of The Property:
Total Area (Square Feet) Available For Business Location (fenced-in areas inclusive of any buildings):
Will Retail Sales Be Made On Premises? Yes No  Nature And Type Of Salvage Equipment:
What Is Zoning At This Location?  Has Conditional Use Been Granted Under City Ordinance?  Yes No Not Applicable  If Yes, Give Date:  If No, Give Date For Zoning Board Of Adjustment Consideration:
I,
Signature Of Applicant
Consolidated Comments Of Fire, Zoning, Building and Health Officials:
Recommendation To Council Pertaining To Issuance Of License:
Public Health SanitarianApproveDeny
Donn Dierks Public Health Director  Approve Deny

Date Paid: 1/9/2008

Receipt No: 20794

Received from: Action Truck Parts

> Amount: \$250.00

> > Item: Lic-Salvage/Storage/Rubble Dump

**Payment Type:** Check

> Check No: 6282

**Begin Date:** 1/1/2008

**Expiration Date:** 12/31/2008

> Issued by: Judie

Comments: Salvage yard license application 220 Main Street

Business Name: Anderson Excavating Co.	Date:12/21/07
Business Address: 1920 Dorcas Street Omaha, Ne. 68108	Phone: (402)345-8800
Owners Name: Virgil D. Anderson Address: 1920 Dorcas St.  Type of Business: Firm If Corporation, List Of Partnership X Corporation	Omaha Phone: (402)345-8800  ficers: Virgil D. Anderson CEO  Virginia M. Anderson -VP  Thomas Kuehl -VP
Note: If foreign corporation, proof must be attached showing capability of doing business in Iowa.  Legal Description Of The Property: Referees Plat of West 1/2  Lot 5 South of Center Line of Lot 5, Section 6-74-44  Total Area (Square Feet) Available For Business Location (fenced-in areas 20,001  Will Retail Sales Be Made On Premises? Yes No	4
Nature And Type Of Salvage Equipment: Used Building Materia.	· · · · · · · · · · · · · · · · · · ·
What Is Zoning At This Location? 12 General Industrial Has Conditional Use Been Granted Under City Ordinance? X Yes If Yes, Give Date: see app If No, Give Date For Zoning Board O  I, Virginia M. Anderson	NoNot Applicable f Adjustment Consideration: , Do Hereby Affirm That All Of The Above
Information Is True And Correct To Phe Best Of My Knowledge.    June   Mills Low     (Fee must accompany application)   0-5,000 sq. ft \$50.00 5,001 - 10,000     20,001 + sq. ft \$200.00   Renewal fee - same as original fee	_Signature Of Applicant
Consolidated Comments Of Fire, Zoning, Building and Health Officials:	
Recommendation To Council Pertaining To Issuance Of License:	
100 88 000 882	Approve
Donn Dierks Public Health Director	DenyApproveDeny

# sempor commencers

### e en el escribe e por escribe de la confe

**Date Paid:** 1/1/2008

Receipt No: 20791

Received from: Anderson Excavating

**Amount:** \$200.00

Item: Lic-Salvage/Storage/Rubble Dump

Payment Type: Check

Check No: 33206

**Begin Date:** 1/1/2008

Expiration Date: 12/31/2008

Issued by: Judie

Comments: Anderson Excavating Co 1920 Dorcas Street Omaha NE

68108

Business Name: CADILLAC JOHN	Date: <u>/-//-08</u>
Business Address: 2/1 North 12th54	Phone: .323-8201
Owners Name: Theresa Fedor Address: 2// North 127  Type of Business: Firm If Corporation, List Off	
Partnership	licers:
Corporation	
<b>Note</b> : If foreign corporation, proof must be attached showing capability of doing business in lowa.	
Legal Description Of The Property: CommeRIAL Lot	
Beers ADD LTS BLK4 Beers ADD E 4 Total Area (Square Feet) Available For Business Location (fenced-in areas	inclusive of any buildings):
Mune Then 10,000 Sq Ft But Less Than 2. Will Retail Sales Be Made On Premises? Yes No	0,000 SEF
Nature And Type Of Salvage Equipment: None Hand Soo	15
What Is Zoning At This Location? Commecial - LT M	Anatacturing
Has Conditional Use Been Granted Under City Ordinance? Yes If Yes, Give Date: If No, Give Date For Zoning Board Of	
I, Theres A Fedor Information Is True And Correct To The Best Of My Knowledge.	, Do Hereby Affirm That All Of The Above
Information is True And Correct To The Best Of My Knowledge.	
Ulperesa M Ledos	Signature Of Applicant
(Fee must accompany application)       0 - 5,000 sq. ft \$50.00       5,001 - 10,000 sq. ft \$50.00         20,001+ sq. ft \$200.00       Renewal fee - same as original fee	sq. ft \$100.00 10,001 - 20,000 sq. ft \$150.00
Consolidated Comments Of Fire, Zoning, Building and Health Officials:	
Recommendation To Council Pertaining To Issuance Of License:	
	•
	Approve
	Deny
	Approve
Donn Dierks Public Health Director	Deny

# CITY OF COUNCIL BLUES

Date Paid:

1/11/2008

Receipt No:

20797

Received from:

Theresa M. Fedor

Amount:

\$150.00

Item:

Lic-Salvage/Storage/Rubble Dump

Payment Type:

Check

Check No:

3573

Begin Date:

1/1/2008

**Expiration Date:** 

12/31/2008

Issued by:

Judie

Comments:

Salvage yard license application at 211 N. 12th Street

Salvage Yard License Application Business Name: Ganceden Metals Date: 12/19/07 Phone: 7/2 256-8882 Business Address: 130/ N. 14TH Street Owners Name: Harold Ede Iman Address: 18067 3307 H Street Phone: 7/2 482 -3/15

Type of Business: Firm Treyno, Ia. 51575 Partnership Corporation *Note*: If foreign corporation, proof must be attached showing capability of doing business in Iowa. **Legal Description Of The Property:** Total Area (Square Feet) Available For Business Location (fenced-in areas inclusive of any buildings): 17,000 sq. ft. Will Retail Sales Be Made On Premises? Yes X No Nature And Type Of Salvage Equipment: Trucks, trailer, torktoneks , skid loader, vertical baler, hydraulic shear What Is Zoning At This Location? Heavy Industrial Has Conditional Use Been Granted Under City Ordinance?

Yes Not Applicable If No, Give Date For Zoning Board Of Adjustment Consideration: If Yes, Give Date: I, Harold Edelmun, Do Hereby Affirm That All Of The Above Information Is True And Correct To The Best Of My Knowledge. Signature Of Applicant (Fee must accompany application) 0 - 5,000 sq. ft. - \$50.00 5,001 - 10,000 sq. ft. - \$100.00 10,001 - 20,000 sq. ft. - \$150.00 20,001+ sq. ft. - \$200.00 Renewal fee - same as original fee Consolidated Continents Of Fire, Zoning, Building and Health Officials: Recommendation Council Pertaining To Issuance Of License: Approve Deny Approve **Donn Dierks Public Health Director** Denv

**Date Paid:** 1/8/2008

Receipt No: 20790

Programme of the

**Received from:** Ganeeden Metals

**Amount:** \$150.00

Item: Lic-Salvage/Storage/Rubble Dump

Payment Type: Check

Check No: 3028

**Begin Date:** 1/1/2008

**Expiration Date:**  *12/31/2008* 

Issued by: Judie

Comments: Ganeeden metals 1301 N 14th Street Council Bluffs Iowa

51501

Business Name: Hi-Way 92 Salvage Date: 1/5/08
Business Address: 3629 Richland Drive Phone: 366-2281
Owners Name: Blaine Schozning Address: 3629 Richland Drive Phone: 323-7998  Type of Business: Firm If Corporation, List Officers: Partnership Corporation
Note: If foreign corporation, proof must be attached showing capability of doing business in Iowa.  Legal Description Of The Property: Lots 16417 Country Cash Acres 5nd Division of Section 12, Township It Rouse 4 in Pott Country  Total Area (Square Feet) Available For Business Location (fenced-in areas inclusive of any buildings):
Will Retail Sales Be Made On Premises? No
Nature And Type Of Salvage Equipment: fland toils, machinery southing torch
What Is Zoning At This Location? <u>General Manufactors</u> Has Conditional Use Been Granted Under City Ordinance? <u>Yes No Not Applicable</u> If Yes, Give Date: <u>Oct 1939</u> If No, Give Date For Zoning Board Of Adjustment Consideration:
I,
Signature Of Applicant
(Fee must accompany application) 0 - 5,000 sq. ft \$50.00 5,001 - 10,000 sq. ft \$100.00 10,001 - 20,000 sq. ft \$150.00 20,001+ sq. ft \$200.00 Renewal fee - same as original fee
Consolidated Comments Of Fire, Zoning, Building and Health Officials:
Recommendation To Council Pertaining To Issuance Of License:
Approve Deny
Approve Donn Dierks Public Health DirectorDeny

Date Paid:

1/15/2008

Receipt No:

20798

Received from:

HiWay 92 Salvage

Amount:

\$200.00

Item:

Storage/Salvage/Rubble-Inactive

Payment Type:

Check

Check No:

16184

Begin Date:

**Expiration Date:** 

Issued by:

Marcy

Comments:

2008 Salvage Yfard License Application located at 3629

Richland Drive for HiWay 92 Salvage

Salvage Yard License Application **Business Address:** Owners Name ddress: Type of Business: If Corporation, List Officers: Partnership Corporation Note: If foreign corporation, proof must be attached showing capability of doing business in Iowa. Legal Description Of The Property: Total Area (Square Feet) Available For Business Location (fenced-in areas inclusive of any buildings): 5 100 - 10 000 Will Retail Sales Be Made On Premises? Yes What Is Zoning At This Location? Has Conditional Use Been Granted Under City Ordinance? Yes No Not Applicable If Yes, Give Date: If No, Give Date For Zoning Board Of Adjustment Consideration: \_\_\_\_\_, Do Hereby Affirm That All Of The Above True And Correct To The Best Of My Knowledge. Information Is Signature Of Applicant (Fee must accompany application) 0 - 5,000 sq. ft. - \$50.00 5,001 - 10,000 sq. ft. - \$100.00 10,001 - 20,000 sq. ft. - \$150.00 20,001+ sq. ft. - \$200.00 Renewal fee - same as original fee Consolidated Comments Of Fire, Zoning, Building and Health Officials: Recommendation To Council Pertaining To Issuance Of License: Approve Deny Approve **Donn Dierks Public Health Director** Deny

**Date Paid:** 12/28/2007

Receipt No: 20782

**Received from:** Robert E. Peters

Amount: \$100.00

Item: Lic-Salvage/Storage/Rubble Dump

Payment Type: Check

Check No: 1887

**Begin Date:** 1/1/2008

Expiration Date: 12/31/2008

Issued by: Judie

Comments: 2008 Salvage Yard License

Home State of lowa Contact Us MDISONEMSIAV**AI**VAAS Logoff On-Demand Keg Registration License Search User Profile Help License List Reporting Search LC0029668, Applebee's Neighborho Applicant Privileges After completion click on the NEXT link to continue to the next screen, or the B. License The navigation links on the top may also be used to move around the application Applicant Name of Applicant: J S Ventures Inc. (8 Status Of Business Name of Business (D/B/A): Applebee's Neighborhood Grill & Ownership Address of Premise: 3000 Dial Dr Criminal History Address Line 2: Premises City: Council Bluffs General Premises Potawatta**n** e County: **☀** Applicant Signature Zip: 151501 Dram Cert Business Phone: (316) 263-3446 Local Endorse Same Address → History Mailing Address: 2400 N Woodlawn, Ste 230 Tending draw shop 1/3/08 Mailing Address Line 2: City: Wichita Zip: 67220 Contact Name: Kelci Burkholder X/08 Phone: (316) 263-3446 Prev CITY CLERK'S OFFICE Phone: (866) 769-2223 FA) 7515) 281-7375 **POLICE** FIRE HEALTH BUILDING ZONING

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State of lowar MURIOINIMISIAVARVIONIS On-Demand Keg Registration

License Search Help

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**User Profile** 

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▶ License

Applicant

Status Of Business

Ownership

▶ Criminal History

Premises

General Premises

Applicant Signature

**▶** Local Endorse

History

BC0026799, Buck's Express #16, Co **Applicant** 

After completion click on the NEXT link to continue to the next screen, or the B. The navigation links on the top may also be used to move around the application

Name of Applicant: Buck's Corp Inc

Name of Business (D/B/A): Buck's Express #16

Address of Premise: 7 North 16th St

Address Line 2:

City: Council Bluffs

County:

Pottawallamie

Zip: 51501

Business Phone: (402) 558-9860

Same Address

Mailing Address: PO Box 31099

Mailing Address Line 2:

City: Omaha

Zip: 68131

Contact Name: Steve Buchanan, President

Phone: (402) 558-9860

Prev

Phone: (866) 469-2223 FAX: (515) 281-7375

**FIRE** HEALTH

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State of Iowa On-Demand Keg Registration **User** Profile License List

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Help License Search Privileges → Applicant Status Of Business Ownership Criminal History Premises General Premises ⇒ Applicant Signature > Dram Cert Local Endorse

LC0034401, Cellar 19 Wine & Deli, C Applicant

After completion click on the NEXT link to continue to the next screen, or the B. The navigation links on the top may also be used to move around the application

> Name of Applicant: Blue River Management, Inc. Name of Business (D/B/A): Cellar 19 Wine & Deli Address of Premise: 928 Valley View Village Address Line 2: City: Council Blufts Potlaviatiamie County: Zip: |51503 Business Phone: (712) 323-9463 Same Address

Mailing Address: 1605 Skyline Drive Mailing Address Line 2: City: Council Bluffs

Zip: 51503

Contact Name: Jon Nelson

Phone: (402) 321-3337

Phone 4(266) 468-2223

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Criminal History

Premises

General Premises

Applicant Signature

Dram Cert

Local Endorse

⇒ History

### LC0032358, Mike's Place, Council B Applicant

After completion click on the NEXT link to continue to the next screen, or the B. The navigation links on the top may also be used to move around the application

Name of Applicant: Sargent Enterprises, Inc.

Name of Business (D/B/A): Mike's Place

Address of Premise: 162 W. Broadway

Address Line 2:

City: Council Bluffs

County:

Podawaliamie

Zip: 51503

Business Phone: (712) 388-0823

Same Address

Mailing Address: 529 Oakland Ave.

Mailing Address Line 2:

City: Council Bluffs

Zip: 51503

Contact Name: Michael

Phone: (402) 490-1086

Prev

Phone: (866) 469-2223 FAX: (515) 281-7575

CITY CLERK'S OFFICE

**POLICE** 

FIRE

HEALTH

BUILDING

**ZONING** 

# APPLICATION FOR IOWA RETAIL CIGARETTE / TOBACCO PERMIT

For period <u>februar</u>	4 / , 20 08 through June 30, 20 08
PLEASE TYPE OR PRINT LEGIBLY Please mail this comp call your City Clerk (w	pleted application to your local jurisdiction. If you have questions, within city limits) or your County Auditor (outside city limits).
I/We hereby make application for a retail permit to	sell cigarettes and tobacco products:
BUSINESS INFORMATION	
Name of Business/DBA Davrah's To	
Location Address (Must Have) 3607-9 5	Aue
Mailing Address Council Bluffs	City <u>I awa</u> Zip <u>51501</u>
Type of Sales:	he-counter Telephone Number (712) 322-4949
Type of Retail Establishment:    bar	convenience store - no gas
Cigarettes must be sold at the minimum price set by the Revenue Web site at www.state.ia.us/tax or from TaxFax at	State of Iowa. Obtain a current copy from the Iowa Department of 1-800-572-3943 (enter form number 71023).
Any brand not on the list is contraband. In addition,	OLL-YOUR-OWN PRODUCTS MAY BE SOLD IN IOWA , all cigarettes sold in Iowa must have an Iowa Cigarette Tax ntraband or non-Iowa cigarette tax stamped package is ns of Iowa Code 453A and 453D.
The list of approved brands is always current at http IOWA DIRECTORY OF CERTIFIED TOBACCO PRODUCTS	c://www.state.ia.us/tax/business/CigTobIndex.html and is called MANUFACTURERS — THEIR BRANDS AND BRAND FAMILIES
Go to http://elists.idrf.state.ia.us/scripts/wa.exe and sign You will receive an e-mail every time the approved list change	
LEGAL OWNER INFORMATION	
Type of Ownership:	ship Corporation DLLC DLLP
Legal Owner Darrah's Total Ir	
	rtnership, Corporation, LLC, or LLP)
Mailing Address 3607-9 HA AUE	
City ouncil 12 tu++5 State	Zip <u>5/50/</u> Ph Number ( <u>7/2</u> ) <u>322-4949</u>
Fax Number ( /12 ) 322-6986 E-mail	Address
governing the sale of cigarettes and tobacco products	o hereby bind ourselves to a faithful observance of the laws
SIGNATURE OF OWNER, PARTNER(S), OR COL	
Name (please print): 12. Scott Carrah	Name (please print):
Signature:	Signature:
Date 2-10-08	Date
FOR OFFICE USE ONLY Amount Paid Date Issued New	FOR CITY CLERK/COUNTY AUDITOR ONLY PLEASE SEND COMPLETED COPY TO THE IOWA DEPARTMENT OF PUBLIC HEALTH
Permit # Renewal	Name of Issuing City or County
	70-014a (5/18/05

# CITYOTTO STUDENT STATES

### 

Date Paid:

1/11/2008

Receipt No:

20796

Received from:

Darrah's Total Inc

Amount:

\$100.00

Item:

Cigarette Permits

Payment Type:

Check

Check No:

30258

Begin Date:

2/1/2008

**Expiration Date:** 

6/30/2008

Issued by:

Judie

Comments:

For Darrah's Total 3607 9th Avenue, Council Bluffs

51501 Cigarette permit

### APPLICATION FOR IOWA RETAIL CIGARETTE / TOBACCO PERMIT

For period January 1	, 20 <sup>0</sup> 8 through June 30, 20 <sup>0</sup> 8
	npleted application to your local jurisdiction. If you have questions, (within city limits) or your County Auditor (outside city limits).
I/We hereby make application for a retail permit t	o sell cigarettes and tobacco products:
BUSINESS INFORMATION	
Name of Business/DBA U-Stop #19	ment of the control o
Location Address (Must Have) 1928 Sherwo	pod Drive Council Bluffs, IA 51503
Mailing Address 2537 Randolph St.	City Lincoln, NE Zip68510
Type of Sales:	-the-counter Telephone Number (7 <u>12</u> )3 <u>28-9684</u>
	convenience store - no gas
Cigarettes must be sold at the minimum price set by th Revenue Web site at www.state.ia.us/tax or from TaxFax a	e State of Iowa. Obtain a current copy from the Iowa Department of t 1-800-572-3943 (enter form number 71023).
Any brand not on the list is contraband. In addition	ROLL-YOUR-OWN PRODUCTS MAY BE SOLD IN IOWA n, all cigarettes sold in Iowa must have an Iowa Cigarette Tax contraband or non-Iowa cigarette tax stamped package is ons of Iowa Code 453A and 453D.
The list of approved brands is always current at htt IOWA DIRECTORY OF CERTIFIED TOBACCO PRODUCT	tp://www.state.ia.us/tax/business/CigTobIndex.html and is called S MANUFACTURERS — THEIR BRANDS AND BRAND FAMILIES
Go to http://elists.idrf.state.ia.us/scripts/wa.exe and signature of the second signature of the secon	-
LEGAL OWNER INFORMATION	
Type of Ownership:	rship 🗖 Corporation 🔲 LLC 🔲 LLP
Legal Owner <u>Whitehead Oil Company</u> (Name of Individual, Pa	artnership, Corporation, LLC, or LLP)
Mailing Address 2537 Randolph St.	
City Lincoln State NE	Zip 68510 Ph Number (402 )435-3509
Fax Number ( 402 ) 435-5881 E-mai	l Address <u>mwhitehead@u-stop.com</u>
If application is approved and permit granted, I/we of governing the sale of cigarettes and tobacco products	lo hereby bind ourselves to a faithful observance of the laws s.
SIGNATURE OF OWNER, PARTNER(S), OR CO	RPORATE OFFICIAL
Name (please print): Mark A Whytehea	Name (please print):
Signature: Mulf White	Signature:
Date	Date
FOR OFFICE USE ONLY	FOR CITY CLERK/COUNTY AUDITOR ONLY
Amount Paid	PLEASE SEND COMPLETED COPY TO THE IOWA
Date Issued New Permit # Renewal	DEPARTMENT OF PUBLIC HEALTH
Permit# Renewal	Name of Issuing City or County

70-014a (5/18/05)

### APPLICATION FOR IOWA RETAIL CIGARETTE / TOBACCO PERMIT

For period January 1, 20 08 through June 30, 2008
PLEASE TYPE OR PRINT LEGIBLY  Please mail this completed application to your local jurisdiction. If you have questions call your City Clerk (within city limits) or your County Auditor (outside city limits).
I/We hereby make application for a retail permit to sell cigarettes and tobacco products:
BUSINESS INFORMATION
Name of Business/DBA U-Stop #20
Location Address (Must Have) 701 - 32nd Ave. Council Bluffs, IA 51501
Mailing Address 2537 Randolph St. City Lincoln, NE Zip 68510
Type of Sales:    Vending Machine    Over-the-counter    Telephone Number ( 712 ) 366-5453
Type of Retail Establishment:  □ bar □ convenience store - with gas □ convenience store - no gas □ drug store □ gas station □ grocery □ hotel/motel □ liquor store □ restaurant □ tobacco store □ other □
Cigarettes must be sold at the minimum price set by the State of Iowa. Obtain a current copy from the Iowa Department of Revenue Web site at www.state.ia.us/tax or from TaxFax at 1-800-572-3943 (enter form number 71023).
ONLY APPROVED BRANDS OF CIGARETTES OR ROLL-YOUR-OWN PRODUCTS MAY BE SOLD IN IOWA Any brand not on the list is contraband. In addition, all cigarettes sold in lowa must have an lowa Cigarette Ta Stamp affixed to each package. Any violation of contraband or non-lowa cigarette tax stamped package is subject to seizure and penalties under the provisions of lowa Code 453A and 453D.
The list of approved brands is always current at http://www.state.ia.us/tax/business/CigTobIndex.html and is called IOWA DIRECTORY OF CERTIFIED TOBACCO PRODUCTS MANUFACTURERS — THEIR BRANDS AND BRAND FAMILIES
Go to http://elists.idrf.state.ia.us/scripts/wa.exe and sign up for the Cigarette/Tobacco E-list. You will receive an e-mail every time the approved list changes or the minimum price changes.
LEGAL OWNER INFORMATION
Type of Ownership:
Legal Owner Whitehead Oil Company
(Name of Individual, Partnership, Corporation, LLC, or LLP)
Mailing Address 2537 Randolph St.
City <u>Lincoln</u> State <u>NE</u> Zip 68510 Ph Number (402) 435-3509
Fax Number (402) 435-5881 E-mail Address mwhitehead@u-stop.com
If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes and tobacco products.
SIGNATURE OF OWNER, PARTNER(S), OR CORPORATE OFFICIAL
Name (please print): Mark A Whitehead Name (please print):
Signature: Much of Whitelieu Signature:
Date
FOR OFFICE USE ONLY FOR CITY CLERK/COUNTY AUDITOR ONLY
Amount Paid PLEASE SEND COMPLETED COPY TO THE IOWA Date Issued New DEPARTMENT OF PUBLIC HEALTH
Permit # New DEPARTMENT OF PUBLIC HEALTH  Name of Issuing City or County

70-014a (5/18/05)